

**SUBJECT: Paramedic Training Program Requirements  
and Procedures for Approval/Reapproval**

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Date: 7/01/2016

- I. **Authority:** Health and Safety Code, Section 1797.208.
- II. **Purpose:** To establish a mechanism for application and approval/re-approval of Paramedic training programs in the County of San Diego..
- III. **Policy:**
- A. All Paramedic training programs must meet requirements as set forth in the California Code of Regulations, Title 22, Division 9, Chapter 4, and County of San Diego Emergency Medical Services (EMS) requirements as listed in the attached training program application.
  - B. All Paramedic training programs must provide a training program consisting of not less than 1090 hours to include:
    - 1. A minimum of 450 hours of didactic and skills lab.
    - 2. A minimum of 480 hours of field internship with a minimum of 40 ALS contacts.
    - 3. A minimum of 160 hours of hospital clinical training.
  - C. All Paramedic Training Programs must have approval of the County of San Diego EMS prior to the program being offered.
  - D. Program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval.
  - E. All approved Paramedic training programs shall be subject to periodic review by the County of San Diego EMS and may also be reviewed by the State of California EMS Authority. This review may involve periodic review of all program materials, and periodic on-site evaluations.
  - F. All approved training programs shall notify EMS in writing, in advance (when possible, and in all cases within 30 days) of any change in course content, hours of instruction, course director, program medical director, provisions for hospital clinical experience, or field internship.
  - G. Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of Title 22, Division 9, Chapter 4 of the

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Approved:

Mandy Mity

Ben Myers

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California Code of Regulations may result in suspension or revocation of program approval by the County of San Diego EMS. An approved Paramedic training program shall have no more than 60 days from date of written notice to comply with the regulations.

**IV. Procedure:**

- A. To receive program approval all requesting training programs shall submit all materials requested on the ATTACHMENT A "CHECK LIST: PARAMEDIC TRAINING PROGRAM APPLICATION" (see attached).
- B. Program approval or disapproval shall be made in writing by the County of San Diego EMS to the requesting training program within a reasonable period of time after receipt of all required documentation. This period of time shall not exceed three months.
- C. The County of San Diego EMS shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

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Approved:

Maury Mitz

Ben Myers

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
1. Documentation of Eligibility for Program Approval. 100149(i)			
2. Letter to Paramedic Approving Authority Requesting Approval.			
3. Check list for Paramedic Program Approval.			
4. Completed Application Form for Program Approval.			
5. Program Medical Director Qualification Form and Job Description. 100150(b)			
6. Program Course Director Qualification Form and Job Description. 10050(b)			
7. Program Principal Instructor(s) Qualification Form and Job Description. 100150(c)			
8. Teaching Assistant(s). 100150(E) Submit Names and Subjects Assigned to Each Teaching Assistant and Job Description.			
9. Field Preceptor(s). Submit Names, Qualifications and Job Description. 100150(f)			
10. Hospital Clinical Preceptor(s). Qualifications Form and Job Description. 100150(g)			
11. Copy of Written Agreements with (one or more) Base Hospital(s) to Provide Clinical Experience. 100152			
12. Provisions for Supervised Hospital Clinical Training Including Student Evaluation Criteria, and Copy of Standardized Forms for Evaluating EMT-P Students and Monitoring of Preceptors by the Training Program. 100152(e)			
13. Copy of Written Agreement with (one or more) Paramedic Service Provider(s) to Provide Field Experience. 1001534			
14. Provisions for Supervised Field Internship Including Student Evaluation Criteria, and Copy of Standardized Forms for Evaluating Paramedic Students and Monitoring of Preceptors by the Training Program. 100154			

Materials to be Submitted	Check One		
	Enclosed	To Follow	For County Use Only
15. Course Curriculum, including 100154: A. Course Outline B. Statement of Course Objectives C. At least 6 Sample Lesson Plans D. Performance Objectives for Each Skill E. At least 10 Samples of Written Questions Used in Periodic Testing F. Final Skills Exam			
16. Copy of Course Completion Record. 100162			
17. Copy of Liability Insurance on Students.			
18. Copy of Fee Schedule.			
19. Description of how Program Provides Adequate Facilities, Equipment, Examination Security and Student Recordkeeping. 100154			

**COUNTY OF SAN DIEGO DIVISION OF EMERGENCY MEDICAL SERVICES**

**APPLICATION FORM**

**PARAMEDIC TRAINING PROGRAM**

1. Name of Institution/Agency \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Personnel:

Program Medical Director \_\_\_\_\_

Course Director \_\_\_\_\_

Principal Instructor(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching Assistants \_\_\_\_\_

(Name & Subjects Assigned) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Clinical Preceptors:

(Name and Base Hospital Affiliation)

[illegible]

[illegible]

3. Course Hours:

Total \_\_\_\_\_

Didactic and Skills Lab \_\_\_\_\_

Hospital Clinical Training \_\_\_\_\_

Field Internship \_\_\_\_\_

4. Texts \_\_\_\_\_

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**COUNTY OF SAN DIEGO DIVISION OF EMERGENCY MEDICAL SERVICES  
PARAMEDIC TEACHING QUALIFICATIONS**

Check One:

- ☐ Program Director  
☐ Course Director  
☐ Principal Instructor  
☐ Clinical Preceptor

1. Name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Professional or Academic Degrees Held:      4. Professional License/Certification Number(s):

a. \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

c. \_\_\_\_\_

5. California Teaching Credentials Held:

a. Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

b. Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

6. Emergency Care-Related Education within the last 5 years:

<u>Course Title</u>	<u>School</u>	<u>Course Length</u>	<u>Date Completed</u>
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a.

b.

c.

7. Emergency Care-Related Experience within the last 5 years:

<u>Position</u>	<u>Duties</u>	<u>Organization</u>	<u>Dates</u>
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a.

b.

c.

Approvals:

\_\_\_\_\_  
Program Medical Director

\_\_\_\_\_  
Course Director

\_\_\_\_\_  
Date